Conclusion: This nomogram is a predictive tool, upon external validation, that can be used to counsel male patients with OAB symptoms in predicting the presence of BOO.

IPD14:
DIABETES MELLITUS PATIENTS REQUIRE HIGHER RATES OF CONTINUING MEDICATION AFTER TRANSURETHRAL RESECTION OF PROSTATE: IMPLICATIONS FROM TAIWAN NATIONWIDE POPULATION-BASED COHORT STUDY

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Purpose: The aim of this study was to compare the clinical outcomes between diabetic patients and non-diabetic patients receiving transurethral resection of prostate (TUR-P).
Materials and Methods: This analysis was a retrospective cohort study using 13 years (2000–2012) of claims data from Taiwan's National Health Insurance Research Database (NHIRD). A total of 4887 patients who had persistent lower urinary tract symptoms (LUTS) and underwent TUR-P for benign prostate hyperplasia (BPH) were enrolled and divided into two groups: Diabetes mellitus (DM) group and Non-DM group. The patients' characteristics, post-operative clinical outcomes, and the medication records after TUR-P were compared.
Results: There was no difference between the two groups in regards to age, ratio of urinary tract infection (UTI) and urinary retention before surgery. The pre-operative medication statuses were also similar between the two groups. However, DM group patients had a higher prevalence of comorbidities. Post-operatively, the DM group had lower rates of UTI (OR, 0.78; p=0.009) and higher rates of urinary retention requiring catheterization (OR, 1.35; p=0.01) within 1 month after TUR-P. Both of the proportions became insignificantly different during the 1 month to 1 year post-operative period. A higher proportion of patients with DM took anti-muscarinics (OR, 1.23; P = 0.032) within the first 3 months and α-blockers (OR, 1.18; P = 0.049) during 3–12 months after receiving TUR-P. Overall, the DM group patients had a worse post-operative medication-free survival compared to that of non-DM group patients (95% CI=1.14; p=0.005).
Conclusion: Diabetes Mellitus patients require higher rates of continuing medication after TUR-P, especially anti-muscarinics in three months post-op and alpha-blocker after three months post-op. Diabetes Mellitus patients also had higher incidence of urine retention after surgery.

IPD15:
ONE-YEAR ANATOMIC OUTCOMES OF LAPAROSCOPIC SACROCOLPOPEXY IN KAMEDA MEDICAL CENTER

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Purpose: For pelvic organ prolapse (POP) patients, voiding dysfunction is associated with the increasing severity of cystocele. After surgical correction of the prolapse, 89% patients had normalization of voiding dysfunction (Fitzgerald MP, 2000). Prolapse repair surgery plays an important role to resolve female lower urinary symptoms. Particularly, laparoscopic sacrocolpopexy (LSC) provides the outcomes of the gold standard abdominal approach while offering the benefits of minimally invasive surgery (Gabriel B, 2011). Since 2014, LSC became a new option for POP patients covered by public health insurance in Japan. The aim of this study is to clarify the postoperative anatomical change after LSC in Kameda Medical Center.
Materials and Methods: We did a retrospective medical chart review between April and December 2014 for patients who underwent LSC and being followed up for one year in our center. The anatomical change was assessed by using POP-Q. Recurrence rate and specific site were also investigated.
Results: A total of 146 patients, aged 65.1±7.8, with average BMI 23.4±2.8, were retrospectively enrolled. Average blood loss was 22.8±25.7ml with 238.5±45.3 minutes in operation time. For anatomical change assessed by POP-Q, Aa changed from 1.1±1.4 to −2.9±0.3; Ba changed from 2.5±2. to −2.9±0.4; C changed from 1.4±3 to −7.4±1.4;gh changed from 4.4±1.1 to 3.7±0.8; pb changed from 3.5±0.7 to 3.7±0.5; tvl changed from 8.1±1.1 to 8.6±1.2; Ap changed from 0±1.6 to −2.8±0.6; Bp changed from 0.6±2.4 to −2.7±0.7; D changed from −3.2±2.5 to −8.3±1.4. Aa, Ba, C, gh, tvl, Ap, Bp, and D of POP-Q showed significant differences between pre- and post-operation. 8 patients (5.5%) showed recurrence during first year after LSC. 2 patents were found to have recurrent anterior vaginal wall prolapse while 7 patients had recurrent posterior wall prolapse. However, using PFDI-20 to assess the feeling of a bulge for recurrent patients, no one felt a bulge in the vaginal area.
Conclusion: POP patients receiving LSC showed significant improvement in anatomical outcome. Rate of recurrence in first year after LSC was about 5%.

IPD16:
EFFECTIVENESS OF NO-CGMP AXIS FOR LOWER URINARY TRACT SYNDROME

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Purpose: It is well known NO-cGMP axis plays a critical role in treatment for erectile dysfunction. NO-cGMP axis is expected to not only ED but also LUTS treatment due to regulate the smooth muscle relaxation. Zalutia® is one of the PDE5 inhibitor launched in Japan on 2013 for LUTS treatment. We evaluated the effectiveness of Zalutia® for LUTS and ED treatment.
Material and Methods: Between October 2014 and December 2015, 108 patients were prescribed Zalutia® 5mg per day in Toho University Medical center Omori Hospital. Of 36patients were clinically evaluable such as PSA level, prostate volume, IPSS (International prostate symptom score), flowmetry, EHS (erectile hardness score) and the diary of voiding.
Results: Effective rate for urinary symptoms, especially storage symptoms including nocturia, daytime frequency and urgency, was 53% and for ED was 76%. Medication discontinuance was noted 13 cases. 5 cases were due to no effective, 2 were due to appearance of a new symptom and 6 were due to side effect including hated erecting. Though there was no improvement of the urinary symptom, 5 patients wanted to continue the medication.
Conclusion: PDE5 inhibitor is safe and effective for LUTS treatment. PDE5 inhibitor gives an effect to erectile function supplementary and seems to help not only the urinary symptoms but also the men's health.

ISTUA Podium-4

General urology

IPD17:
OPERATING TIMES AND CLINICAL OUTCOMES IN PERCUTANEOUS NEPHROLITHOTOMY: A COMPARISON OF TRACT DILATION METHODS

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Purpose: The study investigated that two different tract dilatation method affect operating times and bleeding complications associated with percutaneous nephrolithotomy (PCNL) in the single-center study.
Materials and Methods: All patients who underwent PCNL for primary or secondary treatment of kidney stone indications during the study period (January, 2013 to August, 2015) were eligible for inclusion. PCNL procedures were performed according to local clinical guidelines and practices. Nephrostomy tract dilation was performed using balloon dilation or Amplatz serial dilation. Hematologic complications assessed included bleeding rates, transfusion rates, and preoperative and postoperative hemoglobin values. Hospital stay (days) and the stone free rate are also included into outcome parameters.
Results: The median operating time with balloon dilation (n = 142) was significantly shorter than Amplatz serial dilation (n =54) at 88.0 vs 135.9 minutes, respectively (P < 0.0001). In the balloon dilation group, there was